

2003
FORM
40A
FULL YEAR
RESIDENTS ONLY
Alabama
Individual
Income
Tax Return

Your first name and initial (if joint return, also give spouse's first name and initial) _____ Last name _____

Present home address (number and street or P. O. Box number) _____

City, town or post office, state, and ZIP code _____

PLACE LABEL HERE

Your social security number _____

Spouse's soc. sec. no. if joint return _____

FN (For official use only)

Filing Status and Exemptions
Check only one box

1 \$1,500 Single

2 \$3,000 Married filing joint return (even if only one spouse had income)

3 \$1,500 Married filing separate return. Complete line 5 with spouse's name and soc. sec. no.

4 \$3,000 Head of family (with qualifying person). (See page 7 of instructions.) Complete line 5.

5 Name _____

Soc. Sec. No. _____

Relationship _____

Income and Adjustments

6 Wages, salaries, tips, etc. (list each employer and address separately.)

A — Alabama tax withheld		B — Income		
a	6a	00	6a	00
b	6b	00	6b	00
c	6c	00	6c	00
d	6d	00	6d	00
7 Interest and dividend income. If over \$1,500.00, use Form 40		7	00	
8 Total income. Add lines 6a through 6d and 7 (column B)		8	00	

Deductions

You Must Attach page 2 of Federal Form 1040, page 2 of Federal Form 1040A or page 1 of Form 1040EZ, or a copy of your Telefile Schedule if claiming a deduction on line 10.

9 Standard Deduction (complete Part III, and enter amount here) 9 00

10 Federal tax liability (complete Part IV and enter amount here) 10 00

DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)

11 Personal exemption (from line 1, 2, 3, or 4) 11 00

12 Dependent exemptions (from page 2, Part II, line 2) 12 00

13 Total deductions. Add lines 9, 10, 11, and 12 13 00

Tax and Payments

Staple Form(s) W-2, W-2G, and/or 1099 here.

14 Taxable income. Subtract line 13 from line 8. Enter the result. 14 00

15 Find the tax for the amount on line 14. Use the tax table in the Instruction Booklet. 15 00

16 Consumer Use Tax (use worksheet on page 9) 16 00

17 You may make a voluntary contribution to:

a Alabama Democratic Party \$1 \$2 none 17a 00

b Alabama Republican Party \$1 \$2 none 17b 00

c Neighbors Helping Neighbors \$ _____ 17c 00

18 Total tax liability and voluntary contribution. Add lines 15, 16, 17a, 17b, and 17c 18 00

19 Alabama income tax withheld. Add lines 6a thru 6d, column A 19 00

AMOUNT YOU OWE

20 If line 18 is larger than line 19, subtract line 19 from line 18, and enter **AMOUNT YOU OWE**. Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.) If paying by credit card do not include Form 40V and check here 00

OVERPAID

21 If line 19 is larger than line 18, subtract line 18 from line 19 and enter amount **OVERPAID** 21 00

Donation Check-offs

22 You may donate all or part of your overpayment. (Enter \$1, \$5, \$10, \$25, none, or other amount in the appropriate boxes.)

a Senior Services Trust Fund	00	f AL Indian Children's Scholarship Fund	00
b AL Arts Development Fund	00	g Penny Trust Fund	00
c AL Nongame Wildlife Fund	00	h Foster Care Trust Fund	00
d Child Abuse Trust Fund	00	i Mental Health	00
e AL Veterans Program	00	j AL Breast & Cervical Cancer Program	00
		k AL 4-H Club	00

23 Total. Add lines 22a, b, c, d, e, f, g, h, i, j, and k. 23 00

PLEASE

- Verify your social security number
- Recheck your math
- Sign return below
- Attach W-2 form(s)

REFUND

24 **REFUNDED TO YOU**. Subtract line 23 from line 21. (CAUTION: You must sign this return before it can be processed.) 24 00

Please Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements and to the best of my knowledge and belief they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____ Date _____ Daytime Telephone No. _____ Spouse's signature (if filing jointly, BOTH must sign) _____

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed Preparer's SSN or PTIN _____

Firm's name (or yours, if self-employed) and address _____ E.I. No. _____ ZIP Code _____

